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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

F REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 5	TOTAL CLAIMS 20 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>elbrano</u> Initials _____				

ADDRESS

27581
 MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
 MS-LC340
 MINNEAPOLIS, MN
 55432-5604

TITLE

Fluid oxygenator with access port

FILING FEE RECEIVED 910	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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